# Jasiang (4)

# **PESHAWAR INSTITUTE OF CARDIOLOGY**

### **MEDICAL TEACHING INSTITUTION, PIC - MTI**

5-A, Sector B-3, Phase-V, Hayatabad, Peshawar, KP, Pakistan

**Job Application Form** 

#### **ATTACH**

Attested photocopy of CNIC.

(To be filled in CAPITAL letters)

- 2 attested (passport size) photographs.
- Attested Photocopies of all necessary documents like Degree, Certificates, Experience Certificate, Domicile, License
- Original Bank Deposit slip/Voucher

Attach
2 x Passport Size
Photographs

Post Applied for						
Deposit Slip No.:		Date:				
Bank Name & Branch:						
1. Applicant's Name:						
3. Date of Birth:		4. Domicile:				
·	/ mm / yyyy)		(Distt. /Agency name)			
5. Nationality:		6. CNIC / Passpor				
7. Religion:		8. Blood Group: _				
9. Contact No. (Primary):		10. Contact No.(Se	condary):			
11. Email address:						
10. Permanent Home Addre	ess:					
12. Next of Kin (Name):						
Relation:						
Address:						
12. EDUCATIONAL QUALIFICATION AL QUALIFI	CATION (Starting from the rece	ent one):				
S# Degree /Diploma/ Certificate	Name of Institution / University / Board	Date of Issuance	Marks (Obtained/Total)	Grade/Div/CGPA		
1						
2						
3						
4						

Applicant's Signature:	

5



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### 13. PROFESSIONAL COURSES / TRAINING etc. (If any):

S#	Course/Training Title	Institute Name	From Date	To Date	Duration
1					
2					
3					

### 14. Professional Registration / Licenses (PMC, PNC, CPSP, PEC, Driving License etc.)

S#	Professional Body	Number	Issue Date	Expiry Date
1				
2				

#### 15. **EXPERIENCE** (Starting from Recent/current job):

S#	Designation/ Post	Name of Organization	From Date	To Date	Total Experience	Reason for Leaving
1						
2						
3						
4						

#### 16. LANGUAGES:

S#	Language	Read	Write	Speak
1				
2				
3				
4				

Applicant's Signature:	



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**Job Application Form** 

17. Give Two Re	feree Nam	<b>es</b> (Only Profession	nal or Educati	ional R	eferences are	e require	ed):
Name:			Name:	_			
Designation:			Designation	: _	<del></del>		
Relationship:	- <del></del>			Relationship:			
No. of Years of A	cquaintance	:			No. of Years of Acquaintance:		
Contact No Contact No							
Email Address:					Email Addre	ess:	
18. Disability (If			Yes	No			
If Yes, Please	specify:						
19. Do you have	any crimir	al record? [Please	(v) the box]		Yes	No	
If Yes, Please	specify:						
		: I, Mr./Msre true, correct and					, hereby solemnly affirm that
II. Incomplete III. Job Applica IV. Candidates V. Only Shortl VI. Kindly bring	Applications a tion submitted will be contact isted Candidate	d, are only accepted aga re not acceptable. after closing date will n ed through given contacts will be contacted for T locuments at the time o	inst the advertis ot be entertaine ct numbers or er Fest/interview.	sed posts		re & Dat	te:
FOR OFFICI	IAL USE	ONLY					
Dealing Assistan							
Eligible							
Not Eligible		Date:			eason: not eligible		
Scrutiny Commit	tee						
Selection Co	ommittee	)					
Interviewed	Yes	Selected					
	No	Rejected					Date:
					HR Officer \$	Sign:	